UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,933	04/26/2001	Bryan K. Chan	2466-18	2079

26797 7590 05/19/2006

SILICON VALLEY PATENT AGENCY
7394 WILDFLOWER WAY
CUPERTINO, CA 95014

EXAMINER	
TOMASZEWSKI, MICHAEL	

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 05/19/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/844,933	CHAN ET AL.	
	Examiner	Art Unit	
	Mike Tomaszewski	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *26 April 2001*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-54* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-54* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *26 April 2001* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

DETAILED ACTION

Notice To Applicant

1. This communication is in response to the application filed on 4/26/2001. Claim1-54 are pending.

Claim Rejections - 35 USC § 112

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 14, 18, 19 and 21 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

(A) Regarding claims 14, 18, 19 and 20, the phrase "and/or" renders the claim indefinite because it is unclear whether or not the recited limitations are included.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. Claims 1, 5-6, 18-19, 38, 42-43 and 54 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (6,283,761; hereinafter Joao), in view of Ertel (5,307,262; hereinafter Ertel).

(A) As per claim 1, Joao discloses a method for managing diseases and wellness online, the method comprising:

(1) receiving patient data over a network from a user regarding a health condition (Joao: abstract; Fig. 1-15B);

(2) performing an analysis of the patient data (Joao: abstract; col. 17, lines 24-61; Fig. 1-15B); and

(3) outputting, in response to the received patient data, a medical recommendation of the health condition based on a second database, wherein the medical recommendation includes what the user is suggested

to do in regarding to the health condition (Joao: abstract; col. 4, lines 39-47; Fig. 1-15B).

Joao, however, fails to expressly disclose a method for managing diseases and wellness online, the method comprising:

(4) filtering the patient data according to a first database to produce filtered patient data.

Nevertheless, these features are old and well known in the art, as evidenced by Ertel. In particular, Ertel discloses a method for managing diseases and wellness online, the method comprising:

(4) filtering the patient data according to a first database to produce filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Ertel with the teachings of Joao with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

(B) As per claim 5, Joao discloses the method of Claim 1, wherein the receiving of the patient data comprises receiving diagnostic data from a diagnostic test device (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B).

(C) As per claim 6, Joao discloses the method of Claim 1, wherein the patient data includes diagnostic data from a diagnostic test device (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B).

(D) As per claim 18, Joao discloses the method of Claim 1, wherein the second database is a medical management knowledgebase including static and/or dynamic information from multiple sources pertaining to the health condition (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(E) As per claim 19, Joao discloses the method of Claim 18, wherein the health condition includes one of a chronic disease and/or a health question (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(F) Claims 38, 42-43 and 54 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

6. Claims 2-4, 20-29 and 39-41 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, in view of Ertel as applied to claim 1 above, and further in view of Campbell et al. (6,047,259; hereinafter Campbell).

(A) As per claim 2, Joao fails to expressly disclose the method of claim 1, wherein the receiving of the patient data comprises:

(1) verifying the user by looking up an account associated with the user;

(2) requiring the user to set up the account if the account can not be verified; and

(3) composing a number of questions based on the first database in conjunction with the account if the account can be verified.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of claim 1, wherein the receiving of the patient data comprises:

(1) verifying the user by looking up an account associated with the user (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14);

(2) requiring the user to set up the account if the account can not be verified (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and

(3) composing a number of questions based on the first database in conjunction with the account if the account can be verified (Campbell: abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(B) As per claim 3, Joao discloses the method of Claim 2, wherein the account lists the health condition about the user and wherein the first database includes common knowledge database about the health condition, the knowledge database being constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(C) As per claim 4, Joao discloses the method of Claim 3, wherein the patient data includes answers from the user to the questions (Joao: abstract; col. 16, line 33-col. 20, line 20; col. 29, lines 15-39; Fig. 1-15B).

(D) As per claim 20, Joao fails to expressly disclose the method of Claim 1, wherein the receiving of the patient data over the network comprises:

(1) maintaining an account associated with the user; and

(2) updating the account with the patient data related to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of Claim 1, wherein the receiving of the patient data over the network comprises:

(1) maintaining an account associated with the user (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and

(2) updating the account with the patient data related to the health condition (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(E) As per claim 21, Joao discloses a method for managing diseases and wellness online, the method comprising:

(1) maintaining an account associated with a user having a health condition (Joao: abstract; Fig. 1-15B);

(2) receiving over a network a request from the user to access the account (Joao: abstract; Fig. 1-15B);

(3) receiving data from the user in response to the questions, wherein the data includes answers to the questions and/or diagnostic data received from a diagnostic test device pertaining to the health condition (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B);

(4) wherein the first database includes common knowledge database about the health condition and is being constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B);

(5) performing an analysis of the patient data (Joao: abstract; col. 17, lines 24-61; Fig. 1-15B); and

(6) providing to the user a medical recommendation of the health condition based on a second database, wherein the medical recommendation includes what the user is suggested to do in regarding to the health condition (Joao: abstract; col. 4, lines 39-47; Fig. 1-15B).

Joao, however, fails to expressly disclose a method for managing diseases and wellness online, the method comprising:

(7) composing a number of questions from the account after the user is authenticated; and

(8) filtering the patient data according to a first database to produce filtered patient data.

Nevertheless, these features are old and well known in the art as evidenced by Ertel and Campbell. In particular, Ertel and Campbell disclose a method for managing diseases and wellness online, the method comprising:

(7) composing a number of questions from the account after the user is authenticated (Campbell: abstract; Fig. 1-14); and

(8) filtering the patient data according to a first database to produce filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Ertel with the combined teachings of Joao and Campbell with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(F) Claim 22 substantially repeats the same limitations as those of claim 18 and therefore, is rejected for the same reasons given for claim 18 and incorporated herein.

(G) Claim 23 substantially repeats the same limitations as those of claim 19 and therefore, is rejected for the same reasons given for claim 19 and incorporated herein.

(H) As per claim 24, Joao discloses the method of Claim 21, wherein the account is maintained in a server coupled to the network, and wherein the request is generated from a terminal device being used by the user, the request being an IP request including an address identifying the server (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(I) As per claim 25, Joao discloses the method of Claim 24, wherein the terminal device is capable of data communication with the server over the network and includes a display screen to display the medical recommendation (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(J) As per claim 26, Joao discloses the method of Claim 25, wherein the terminal device is selected from a group consisting of a personal computer, a network enabled cellular phones, a portable computing device and a personal digital assistant (Joao: abstract; col. 14, lines 49-58; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

Examiner has noted insofar as claim 26 recites "selected from a group consisting of a personal computer, a network enabled cellular phones, a portable computing device and a personal digital assistant," a personal computer is recited

(K) As per claim 27, Joao discloses the method of Claim 24, wherein the medical recommendation is in a format of a markup language displayable on the terminal device (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(L) As per claim 28, Joao fails to expressly disclose the method of Claim 21, wherein the composing of the number of questions comprises generating the questions about the user in reference to the health condition and further in reference to the first database.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of Claim 21, wherein the composing of the number of questions comprises generating the questions about the user in reference to the health condition and further in reference to the first database (Campbell: abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(M) Claims 29 and 39-41 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

7. Claims 7-9 and 44-46 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, in view of Ertel, as applied to claim 1 above, and further in view of Snell (5,722,999; hereinafter Snell).

(A) As per claim 7, Joao discloses the method of Claim 1, wherein:

(1) the first database includes common knowledge database about the health condition (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B); and

(2) the knowledge database being constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

Joao, however, fails to expressly disclose the method of Claim 1, wherein:

(3) the filtering of the patient data according to the first database comprises:

(a) discarding some of the patient data that are not so related to the health condition; and

(b) requesting correction or verification on other of the patient data when the other of the patient data appears abnormal according to the first database.

Nevertheless, these features are old and well known in the art, as evidenced by Ertel and Snell. In particular, Ertel and Snell disclose the method of Claim 1, wherein:

(3) the filtering of the patient data according to the first database comprises:

(a) discarding some of the patient data that are not so related to the health condition (Snell: abstract; col. 16, lines 55-67; Fig. 1-12); and

(b) requesting correction or verification on other of the patient data when the other of the patient data appears abnormal according to the first database (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Ertel with the combined teachings of Joao and Snell with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Snell with the combined teachings of Joao and Ertel with the motivation of managing medical data (Snell: abstract).

(B) As per claim 8, Joao discloses the method of Claim 7, wherein the analysis includes a statistical analysis and a medical analysis of the patient data (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(C) As per claim 9, Joao discloses the method of Claim 8, wherein the performing of the analysis of the patient data comprises:

(1) obtaining statistical features of the patient data through the statistical analysis (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B);

(2) determining possible causes related to the health condition out of the patient data in conjunction with the statistical features (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(D) Claims 44-46 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

8. Claims 10-17 and 47-53 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, in view of Ertel, in view of Snell, as applied to claims 1 and 2 above, and further in view of Lapointe et al. (US 2001/0023419; hereinafter LaPointe).

(A) As per claim 10, Joao fails to expressly disclose the method of Claim 9, wherein the statistical analysis includes a fundamental statistics, a data variability analysis, and a trend forecasting.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 9, wherein the statistical analysis includes a fundamental statistics, a data variability analysis, and a trend forecasting (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(B) As per claim 11, Joao fails to expressly disclose the method of Claim 10, wherein some of the statistical features by the fundamental statistics include mean, mode, max, min, ratios and fractions to determine an appropriate sorting algorithm.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein some of the statistical features by the fundamental statistics include mean, mode, max, min, ratios and fractions to determine an appropriate sorting algorithm (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(C) As per claim 12, Joao fails to expressly disclose the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(D) As per claim 13, Joao fails to expressly disclose the method of Claim 10, wherein the trend forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the trend forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(E) As per claim 14, Joao fails to expressly disclose the method of Claim 13, wherein the one or more mathematical methods include one or more of linear and/or non-linear regression techniques, curve-fitting methods and numerical analyses.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 13, wherein the one or more mathematical methods include one or more of linear and/or non-linear regression techniques, curve-fitting methods and numerical analyses (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(F) As per claim 15, Joao fails to expressly disclose the method of Claim 8, wherein the performing of the analysis of the patient data comprises, through the medical analysis, evaluating a state of the health condition using a medically related logic, risk stratification, and protocols/algorithms/guidelines that pertain to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 8, wherein the performing of the analysis of the patient data comprises, through the medical analysis, evaluating a state of the health condition using a medically related logic, risk

stratification, and protocols/algorithms/guidelines that pertain to the health condition (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(G) As per claim 16, Joao fails to expressly disclose the method of Claim 15, wherein the medically related logic is a medical modeling logic that simulates a medical decision-making process and is based on general medical decision making principles.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the medically related logic is a medical modeling logic that simulates a medical decision-making process and is based on general medical decision making principles (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(H) As per claim 17, Joao fails to expessly disclose the method of Claim 15, wherein the medically related logic is a medical modeling logic that is based on branch/tree logic and hash or hash-like array memory structures.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the medically related logic is a medical modeling logic that is based on branch/tree logic and hash or hash-like array memory structures (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(I) Claims 47-53 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

9. Claims 30-37 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, in view of Ertel, as applied to claim 1 above, and further in view of LaPointe.

(A) Claims 30-37 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

Conclusion

10. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied art teaches a computerized medical diagnostic system including re-enter function and sensitivity factors (5,594,638); and a health care management system for managing medical treatments and comparing user-proposed and recommended resources required for treatment (5,583,758).

The cited but not applied prior art also includes non-patent literature articles by Star Tribune ("Patients Get Second Opinions Online" Mar 27, 2000. Star Tribune. pg. 10.D.) and Matt Villano ("Finding A Market In Online Medical Data" Aug 9, 1999. Boston Globe. pg. C.3.).

11. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

MT

C. LUKE GILLIGAN
PATENT EXAMINER